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APPLICANTS

Robert Worth Love, Englewood, OH;

** CONTINUING DATA ***** *SMH none*

** FOREIGN APPLICATIONS ***** *SMH none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/24/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *SMH* Initials

ADDRESS
 Robert W. Love
 326 Meadowgrove Drive
 Englewood, OH
 45322

TITLE
 Inversely proportioned mouthpieces

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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